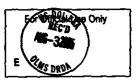
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, lines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:		
	21/51/201 Through: 12/31/204		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Rubert W Keller	Name TEGENSTERS LOCAL 384		
	Labor Organization File Number :01/63		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 2910 Harrah AVR	Street 2010 Hamah Are		
city nortistown	city inaccistan		
State (2)2 ZIP Code + 4 19401	State   PA   ZIP Code + 4   19 UO 1		
5. Position in labor organization. President			
<u></u>	<del></del>		
<del>`_```</del>	isions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.		
	₹±₽₽₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.		
	7.a. Nature of Interest, Transaction, or Income.		
Name			
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.		
Name			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street			
Name Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of	7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4:  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4:  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name		-	
Trade Name, if any:	a. Labor Organiza	tion	
P.O. Box, Bidg., Room No., if any	c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.	
Name		]	
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street	11 b. Approximate dollar valu	e of such dealing	
City	12.a. Nature of interest hek		
State ZIP Code + 4			
		İ	
_			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).  Name Williams + Davidson	4-EALLE	ES Tiakets	
Trade Name, if any:	2-EA61	183 playate tialets	
P.O. Box, Bldg., Room No., if any	Given A	way to members	
Street 1845 Walnut Street		/ - 11 11 100	
City Philadelphia			
State PA ZIP Code + 4 19103			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$ 450.00	